

HOUSEHOLD RECERTIFICATION FORM

Households receiving ESG Prevention and Rapid Re-Housing assistance must be recertified every 90 days. At the end of each recertification the case manager must attach the new evidence to this form demonstrating the household is still eligible for the program. It is not acceptable to reattach the evidence from previous eligibility decisions.

**NOTE: Recertification criteria for rapid re-housing and prevention programs are different. See the DCA ESG Guidebook for further details.*

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| ESG Client Name: | |
| Client is enrolled in: | |
| <input type="checkbox"/> Prevention Program and must have household income below 30% AMI <input type="checkbox"/> Rapid Re-Housing Program and must have household income at or below 50% AMI <input type="checkbox"/> Rapid Re-Housing for one year and must have household income below 30% AMI | |
| Date of entry into program: | Case Manager: |
| Number of months (including arrears) household has received assistance: | |
| Date of this Re-Certification: | |
| <u>List the member(s) of this household:</u> | |
| Adult(s): | Children (under 18): |
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

| Status | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Please update the household's current housing status AND attach the appropriate documentation: | |
| <input type="checkbox"/> Literally homeless <input type="checkbox"/> Imminently losing housing <input type="checkbox"/> Unstably housed and at risk of losing housing | Documentation list: 1. _____ 2. _____ 3. _____ |

| Income |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please update the household's current income status AND attach the appropriate documentation: |
| <input type="checkbox"/> Household Income meets AMI requirements for program <input type="checkbox"/> Household Income does not meet AMI requirements for program |
| Documentation list: |
| 1. _____ |
| 2. _____ |
| 3. _____ |
| Households that do not meet the AMI requirements are no longer eligible to receive ANY ESG SERVICES. They must be discharged from the program. |

Resources

For clients who are receiving ongoing ESG financial assistance, staff must document their inability to pay for the item BUT FOR the ESG assistance (i.e. bank/saving statements, medical bills, etc).

- ☐ Household HAS NO other housing options, financial resources, or support networks identified.
- ☐ Household HAS other housing options, financial resources, or support networks identified.

Documentation list:

1. _____
2. _____
3. _____

Housing Stability Goals

Household agrees to work on the following goals to ensure a stable housing outcome:

1. _____
2. _____
3. _____

Staff Certification

- ☐ Household is eligible for additional services
- ☐ Household is ineligible

If ineligible, list other community based agencies that household can access for further support:

1. _____
2. _____
3. _____

ESG Staff Printed Name:

ESG Staff Signature:

Date:

ESG Staff Title: